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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )  
 )  
 ATWOOD et al. )  
 ) Unit: 2826  
 Application Number: 10/790,183 )  
 ) Examiner: Fetsum Abraham  
 Filed: March 2, 2004 )  
 )  
 For: SEMICONDUCTOR MEMORIES )  
 )  
 Attorney Docket No. HITA.0516 )

**Honorable Assistant Commissioner for Patents  
 Washington, D.C. 20231**

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	17	17	(Over 20)	x \$18	0
Independent Claims	5	5	<sup>2</sup> (Over 3)	x \$88	0
MULTIPLE DEPENDENT CLAIM(S)			PAID	+ \$300	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED					
				TOTAL	0.00

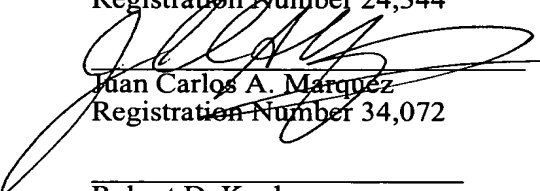
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |  |   |
|--|---|
| [ x ] Preliminary amendment<br>w/ claim amendments | [ x ] Petition for Extension of Time 2 months |
| [ ] Substitute Specification                       | [ ] Terminal Disclaimer                       |
| [ ] Preliminary Amendment                          | [ ] Sequence Listing Statement                |
| [ ] Other _____                                    | [ ] Sequence Listing                          |
|  | [ ] Sequence Listing Diskette _____           |

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$430.00** to cover the 2 month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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